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**Dissertation Project – TESINA**  
**The evolution of psychosurgery and other psychiatric treatments**

**Introduction:**

Almost a century ago one of the biggest atrocities in the psychiatric medical field was taking place both in Europe and the United States. Back in the 1930s, mental issues such as depression, bipolar disorder, OCD or post-traumatic stress disorder did not have much medical support. So, common human responses like anger were already labelled as a disorder for ill people. On top of that, in the early 20th-century clinical institutions saw an influx of patients who were put into the asylum systems which were becoming more crowded. After feeling inspired by the Portuguese doctor Egas Moniz who had introduced the concept of lobotomy, Walter Freeman, an American physician, took on a mission to practise a series of lobotomies in 1950 as a fast and cheap miracle for those that he considered sick since minorities were mainly targeted and selected to undergo this procedure for a change. Therefore, many women, black people and homosexuals, (as well as those who were suffering from mental health conditions), were put under these surgeries entirely against their will. Additionally, WW2 soldiers that came back extremely aghast and showing signs of great PTSD were also chosen to undergo Freeman's famous innovative form of psychosurgery.

Presidents or those in power at the time never realised how mistaken it was and even recruited people to experiment with lobotomies. However, this clinical intervention failed to work efficiently as professionals involved themselves in the matter and agreed that it caused unutterable damage to the patients over the years so its practice had to be banned forever.

This category of psychosurgery has been gaining more importance over the years as specialised doctors in the area bring out the matter occasionally to demonstrate its complete inefficiency and re-estate that it should have been stopped in the very beginning. In the present times, lobotomy is understood as one of the first treatments for mentally ill people ever registered. It holds much significance to us because subsequent to the past century, medicine began evolving considerably with new wide varieties of modern solutions for such disorders, such as prescribed psychiatric medication containing different drugs used to treat these specific disorders by targeting the body's central nervous system. Medicine, as a whole, takes the faults of the past and uses them as a tool for creating evolved mechanisms that will help us eventually.

The principal reason why this was the chosen subject is to emphasise how far the medical world has come by focusing on the treatment that those victims who were induced into a lobotomy received and how it turned out. Besides, I look forward to gaining awareness of delicate yet substantial issues such as mental health, and how it is being taken care of these days with extreme

core since we have a dark history of neurosurgery that still overhangs this medical field. Those individuals, who were subjected to lobotomies in the past, did not only receive unsuitable care but were also left wounded for the rest of their lives, mainly unattended since the people in power back then did not perceive them as humans nor gave them importance. The past procedures and outcome of Walter Freeman's surgical proposal will be unravelled and analysed throughout this thesis in an attempt to respond to a recurrent question: Can we consider lobotomy as a suitable mental health practice?

To persevere with this research paper, I will explore the following sources; plenty of essays, documents and books that abound in reliability. Amongst them, and understandably the main one, one of Walter Freeman's two books regarding the psychosurgery theme called *Psychosurgery: Intelligence, Emotion and Social Behaviour Following Prefrontal Lobotomy for Mental Disorders*, which he wrote along with neurologist James M. Watts and later published in 1942. The secondary sources consulted consist of various writings done by experts where they discuss the lobotomy practices and what came along with them. Also, numerous essays with factual information will be cited thoroughly as this thesis continues.

As regards coming up with an answer for the research question stated before, this thesis will be divided into two visible parts. The first one is related to the affairs that took place in the past century, them being the purpose and outcome of lobotomies as a treatment for the disordered as well as a solution for minority groups. Subsequently, the second part is destined to speak about the modern days and how the maleficent past surgical practices were then replaced with other treatments that the government has helped doctors to apply. A conclusion will be written at the end, reiterating everything mentioned before. The result of this writing will contrast clearly both eras of psychiatric practices in the United States, accompanied by a strong backbone of resources.

### State of the art:

In any scientific paper, a State of the art brings out and shows all the information that has been acquired of a specific subject up to the present times, heavy in its detailing. Regarding psychiatric interventions/ the mental health area, the topic of discussion in this writing, there exists numerous sources, either in the media or in books, that concern it since it is an extremely vast and complicated field for our understanding. The mental health area and the amounts of psychiatric treatments count with a huge past that is worth observing. Due to the many processes or "cures" presented in the past over the centuries, its history only grew larger and, in many cases, uglier. It is with profound truth that I have to state that because there is so much information, I will have to select and then work profoundly on exact events and pieces of research which will as a result be of great help for the appreciation and evolution of the topic.

As mentioned before, the principal work that will be cited continuously in this thesis is the informative book by Freeman, W. & Watts; W. W. (1942). In it the authors bring an insight into the practice of a lobotomy and how it was performed. I consider that work as the backbone of this dissertation project given that it explains explicitly the processes and ideas that these men used to have towards lobotomising, which is the main predominant concept here.

Moving on, the four other sources that will have mention vary enormously in information; the three of them being essays or articles. The first essay was written by researcher Jack El-Hai (2016), who argues keenly about the people who Walter Freeman selected to use as patients for his unhuman experiment. It also proves the fact that gender and racial minority groups, in those times, (the early 1900s), were still excluded and discriminated against. This essay concludes that Freeman used his hatred as a way to pick more and more people to practise on, indifferent to the consequences that they would then suffer.

The second pieces to be quoted and specialised in this research paper are two combined articles that mention the role of politics in the psychosurgery-lobotomy domain: The first one by authors Raymond J. March & Vincent Geloso, (2019), published three years ago at the American Institute for Economic Research; and the second one by RJ March, (2018), published four years in the past. Both these pieces should be analysed together granted that they treat the same issue. In them, it is discussed why the lobotomy held so much importance and how the government actually supported its practice, and possibly why its ejection lasted more years than it should have in the first place.

The last document of this the State of the Art is a publication of the Surgical Neurology International by MA Faria Jr, (2013), in which the evolution of psychiatric surgical practices are noted. Even though the article does not centre on lobotomy in its totality, the information it does bring is more than sufficient for the process of this thesis. This archive brings awareness to the public regarding the ends of this bizarre operation and concludes with an assertive statement that lobotomies were indeed dangerous or afflictive for the patients in the long way.

### *Theoretical Framework*

In order to contextualise this ongoing research and show as well that it is grounded in official ideas, in the theoretical framework, some concepts of high importance that are key to this investigation process will be elaborated cautiously for the public cognizance.

The prefix “psych-” derivates from the Greek word psychikó, ψυχικό, which refers to the mind, the spirit, and the consciousness; it is both consciously and unconsciously our centre of thought, the commandant of our body responses. Words like psychosurgery, psychiatry, and psychology among others allude to this collective idea of mentality by containing in them said prefix. Furthermore, in the psychological medical branch, it is notably found in different academic terms of recognition. This

thesis centres around the concept of psychiatry and its practices, often intended for those who suffer from mental illnesses, and consequently deals with issues that regard our mind and its anatomy. According to the NHS, (2022): “Psychiatry is a medical field concerned with the diagnosis, treatment and prevention of mental health conditions.” It deals with our social behaviours and emotions.

Another major term of discussion and constant notability in this paper, in actuality the most prominent one, is lobotomy. It is to my acknowledgement that this is not to be a very recognized word these days, so I will do my best to make it familiar for anyone who is reading this for the result that this project can be understood entirely. According to Pearson, (1978), *lobotomy* is a noun, and it means: “a medical operation to remove part of someone’s brain in order to treat their mental problems.” Knowing that this meaning is correct, it lacks the medicinal take that I wish to achieve, bringing just a basic idea of the matter. However, I picked another definition that was written for a scientific webpage and which I believe explains technically how this psychiatric intervention was performed by doctors. As claimed by Lewis, T. (2021): “A lobotomy is a neurosurgical operation that involves permanently damaging parts of the brain's prefrontal lobe.” For superior mastery of the topic, the National Center for Biotechnology Information claims the prefrontal cortex to be the brain’s section responsible for human thought regulation and individual actions and motivations. It is located at the front of the frontal lobe of our brains, both areas are incredibly sensible divisions utterly in charge of our responses or feelings. Walter Freeman's unusual method of lobotomizing consisted in tearing the tissue of said fragment of the brain, but for its process, he chose the use of an ice pick. This tool was drilled through the patient's eye socket to reach for the prefrontal lobe and, therefore, maim it. He believed this operation to be the cure to any behavioural problem since Freeman himself insisted that every difficulty would be resolved and the sick would be free of suffering after the procedure.

To do with the subject of lobotomies, most of the people who went under these psychiatric processes were partially unstructured about it, without even interpreting what it was all about. As previously mentioned, Walter Freeman's patients, with whom he experienced his impractical way of surgery, were for the most part social groups segregated from society at the time. Among them we can find: Women who were claimed by others to be “depressed” and “unhappy”, mostly housewives that were bored with their patriarchal duties or tasks; People who society at the time considered to be experiencing deviations in their conduct, them being queers integrated with the LGBT community; And people of colour, in the majority black people who still endured systemic racism under the aegis of the law. These persons all fall within the category of a minority group since they all experienced social inequalities. The APA dictionary of psychology, (2019), describes the term minority as: “A population subgroup with social, religious, ethnic, racial, or other characteristics that differ from those of the majority of the population.”

## Development

### Historical background & context:

By the beginning of the '30s, the psychiatric institutions around the United States were mainly overcrowded and adequate clinical care was reduced to a few. Right after the hard times the citizens had to face due to The Great Depression, the economy was still recovering and because of this the statal hospitals were, for the most part, understaffed or lacking available treatments. The suicide rates around that time increased rapidly and, together with the number of people who already suffered from mental disorders, a fast and easy cure was necessary.

The idea of lobotomies appeared as a miracle through the experiments of Dr Egaz Moniz and later Walter Freeman. This technique was popularised quickly as its outcome seemed utterly effective, clearing the congested mental districts as well as promising speedy results. Relatives of those who were lobotomized were happy with the results and a bizarre desire to be subjected to a lobotomy was growing among the Americans. On top of that, the government held a considerable responsibility for its fame since it gave funding to those public mental institutions at a very low level to each person considering that lobotomies were awfully cheap. Other types of surgeries required anaesthesia and operating rooms, yet the low budgets together with this support from the authorities made them almost unavailable to those most in need, and, as a consequence, a lobotomy was the only possible cure.

Consecutive to these affairs, after the second world war, soldiers all over the country were induced to lobotomies or strict drug regimes for mental issues not understood before. These veterans came back suffering from psychiatric collapse and shocks because of the violent combat and death exposures. This condition was at the time named “ war neurosis”, but doctors later acknowledged that it simply was post-traumatic stress disorder that they were going through. This psychosurgical practice lasted over twenty more years until the late sixties when a new era of psychology was about to rise on account of the discoverings of new drugs and remedies.

### Part I: The 1900's

In the past century between the years 1930 and ahead, the world, predominantly Southwestern Europe and the United States, was gaining awareness about a new method that was said to treat the mentally ill in an effective manner. Different to the prior violent procedures that were carried out, the discovery of the leucotomy, then renamed lobotomy, seemed like the leading surgical procedure to cure those with mental afflictions.

### Birth of the lobotomy:

Deranged people- nowadays- seek solutions to improve themselves and, therefore, live a fulfilled life without agony. However, if we picture the psychiatric field ninety years in the past, a lot has

conspicuously changed and improved. During those times, any person that showed off “abnormal” traits or acted differently from society's expectations, indifferent to if they had cognitive disturbances or not, was put aside and claimed to be delusional and in need of clinical isolation. Inevitably, this is how in both Europe and North America numerous people were misdiagnosed with disorders they were not even enduring. These people were sent to institutions devoted to treating psychiatric harmed patients by segregating them from the civilization. Yet, as mentioned before, the asylums were failing their stated purpose, which was to better the ill, because more and more patients with claimed disorders were entering the system.

The Portuguese neurologist Egas Moniz, (1874-1955), thought he had a solution for this ongoing issue. After various experiments were carried out, he finally stated that mentally ill patients were born with already unfit neural connections in their frontal lobes. As regards this hypothesis, in 1935 he took it into practice by developing an instrument that could cut through the fibres of the brain and then eject pure alcohol into the frontal lobes to finally seize them. The outcome of this first awaited form of psychosurgery was favourable since the patient that was previously suffering restlessly paranoia came out of the waiting room completely unbothered. Moniz did not take this intervention to a further extent, for he only performed it nineteen more times in his lifetime. However he still was the inspiration for others interested in the area and this procedure was felt to be mainstream science at the time.

Walter Freeman's proposal:

Among other physicians in the United States, Walter Freeman was the one that truly expressed his interest in Moniz's practice and deeply admired its outcome. Freeman felt utterly inspired and started planning on taking into action a similar intervention in the United States by himself. Already dedicated to the area of medicine, he understood that the mentally ill suffered different conditions because of their brain's physiology, and took on Egas Moniz's statement that it was all due to the frontal lobes.

Freeman later stated that once, during the quest for a new viable form of a leucotomy, he came upon an ice pick while roaming around in his kitchen and the eerie idea of using that tool for the performance of the new lobotomies struck his mind instantly. Following this unusual discovery, if it may be labelled like that, a new age of psychosurgery was beginning in the United States. He evolved this idea further and then began practising it on the mentally ill people that were kept in psychiatric institutions considering that most of them were not given much importance and could be manipulated naturally. His experimental form of surgery was named frontal lobotomy, which, unlike Moniz's works, consisted in inserting a sharp object through both the patient's orbital eye cavities into the brains frontal lobes and from then on making brisk back and forth movements until the connections

are damaged and the frontal lobes become nonexistent. Lobotomies began gaining immense popularity and incessantly notion among the Americans, but people still failed to note its dangers. It was considered to be an easy and practical process, only lasting 12 minutes, as said by those that accompanied Freeman in the operating room.

Between the 40's and the '50s, a period known as the "lobotomy boom", Freeman kept operating since the media of the time loved the idea of a simple technique that gave hope. Many schizophrenics, depressed, or paranoid- looked down on by society- were taken to Freeman by their families or the state hospitals for a change. Although not everyone had the privilege of being asked if they were willing to be subjected to a lobotomy; most of these practices happened without consent. It was following these psychosurgical operations that the medical world realised how careless Freeman was about the people he operated on, as well as that he only did take the project further for his own sake- this one being easy *profit*.

No matter how much admiration it held, lobotomies were filthy and life-challenging. Statistics show that 24% of the patients remained unchanged after the procedure and 14% worsened. Most post-surgery patients found themselves entirely unresponsive or detached from reality. By having severed the frontal lobes, the area destined to treat cognitive conscious actions, many were unable to function independently- for the rest of their lives. On the other hand, common effects of frontal lobotomy range from impulsivity to losing the use of limbs. Lobotomized patients had to be retaught essential things and were sometimes permanently childlike; although Freeman never failed to escape the criticisms of his actions. The essay cowritten by Raymond J. March & Vincent Geloso, (2019), discusses keenly the threatening results of lobotomizing and concludes that "It helped in the development of complications and death". Anyway, these darker aspects were continuously invalidated by the media at the time of the general lobotomy prestige.

### Minorities:

Aside from treating the mentally disturbed, a great part of Freeman's lobotomies were operated on selected patients considered to have mental issues or who defied the norm but, indeed, were not needing any type of psychiatric treatment. Humanity in the mid-20th century was somewhat more oppressive than it is in the present. Minority groups, as we acknowledge them nowadays, were mainly inferior and so this authorial difference was remarkable. For example, homosexuals did not live in a supportive environment unless they practised their preferences in secret. Homosexuality was seen as an illness- complete deviance of the behaviour; born from broken families and destined to be cured. Most lesbians or gay men believed these assumptions and subsequently gave up their sexuality by seeking clinical treatments. Likewise, an equivalent complication was happening as black people and women were not on the same level of power as the wealthier or the white men. As the previously



mentioned in his article Jack El-Hai, (2016), comments that Freeman would say that the best candidates for lobotomies were black people and black women alone too. He intended that black women were boisterous, (something unacceptable for a woman in those ages, exclusively for a woman of colour) and that with lobotomies they could go back to their domestic housework quietly. For the black men, simultaneously, he would think of them as criminals or dangerous. Lastly, women who had to behave in a certain way to meet up with the sexist gender roles but continuously failed were also seen as a menace to society. Stereotypically, women were thought to be quiet and not complain about the lives they had. Yet, many housewives were dutifully tired and suffered symptoms connected with insomnia or depression. All of these groups were recruited to undergo lobotomies, most of the time wholly unwillingly or with absent knowledge. As a result of the operations almost 40% of the queer patients changed their sexual orientation but the rest, as well as the majority of the women or black people, became damaged and had to be lobotomized again as it was requested by the doctors. Overall, lobotomies were done to make minorities such as homosexuals, women, and people of colour, along with the mentally ill and physically disabled, easier to deal with.

### Veterans:

As mentioned previously, by the end of the second world war in 1945 the soldiers faced mental health issues not understood at the time. After returning from the deadly combat, thought to be the deadliest war in history, soldiers were for the most part shocked and suffering PTSD. Some testimonies explain how those who were in the army still had vivid nightmares or experiences regarding the conflict. Such difficulties were labelled as abnormal, and sadly these men did not receive the actual care they needed. Unpredicted as it may seem, this year coincides with the lobotomy boom back in the US. The veterans underwent drug regimes to treat their mental struggles, but when these failed to work efficiently they had to be induced into lobotomies without even having a say in these matters. Freeman still did not mind if they should or should not have been lobotomized; any affluence, and if on a bigger scale better, was necessary.

### Government:

It is indisputable that private and public clinical care is not always at the same level. During the period that lobotomies were practised almost daily by Freeman, and as stated in the previous Social context written, statal asylums were overcrowding and reduced in management. Comparatively, private clinics were more secluded and extra, not everyone had that liberty; patients in those institutions were treated carefully and the staff was around daily. The great amount of the lobotomies performed were only destined for those in the public system, concomitantly with the obscure idea of clearing those places and not precisely destined to help people. Between the '40s and 50s movements for the federal government were starting, meant to increase the public asylums funding. This relationship between

the state and the community clinics was dubious, the more patients the public institution welcomed, the more funding was received from the government. Author RJ March, (2018), mentioned how the superintendents in charge of the clinics managed the asylums at extremely low costs as to keep more money. There exist cases in which a staff member was available per twenty patients. Lobotomies, cheap as they were, became the most used treatments for the public institutions; and the government still gave money to them, aware of the issues going on but in favour of economic solutions that could be performed broadly.

### *So-called "Loboto-mobile":*

Entering the sixties, Freeman was still the pioneer of lobotomies across the United States, his procedures were acknowledged by many and continued prospering. The practice was not far from being banned, but oblivious to this, Freeman wanted more; he wished to promote the surgery in other locations. As other doctors of the area began bashing his skills, he maintained the position that lobotomies were more effective than ever, and, even greater, effortless. Filled with pride and having enough economic power to do whatever in his mind, Freeman, in order to prove that it could be performed anywhere within a short period of time, took his operation on the road. In these travels across the country, ten-minute lobotomies were executed inside his truck, and more or fewer thousands of people were willing to try this impressive cure. He was basically a crusader for the prefrontal lobotomy, performing on children or people showing the slightest symptoms of depression. Unfortunately, a number of these last practices were faulted because one or two deaths were reported every ten surgeries. After coming back from the road trip, that popular public inclination towards the lobotomy, especially the ice-pick lobotomy, was now lost.

### *End of an era- The decline of psychosurgery:*

The last prefrontal lobotomy ever performed by Walter Freeman occurred in 1967. Psychiatric drugs were being discovered by that year but more insight into that field was needed to reach full understanding. After four decades of lobotomizing, he finally retired from the practice after the last ineffective surgery. Helen Mortenson was the last patient subjected to Freeman's menacing treatments and did not make it out alive. Helen suffered a horrid brain haemorrhage mid-surgery and Freeman noted that his career was practically over. As peculiar as it may seem, Freeman lacked any type of previous surgical preparation but yet had operated regularly under his title of Physician. As noted by MA Faria Jr, (2013), lobotomies were indeed psychologically devastating for patients. Neuroscientist Dr Elliot Valenstein, (1980), said some words in respect of the question many Americans themselves succeeded in Freeman's retiral, which was why after all the appearing complications people were still being lobotomized. To this Valenstein responded with; "*There was no other way of treating people*

*who were seriously mentally ill. Drugs were not introduced yet and Psychiatric institutions were overcrowded. Patients and their families were willing to try anything.”*

Nevertheless, Walter Freeman never spoke out regarding his practices or the harm that had been induced towards the mentally ill. Moreover, in his book dedicated to Egas Moniz, Freeman, W. & Watts; W. W. (1942), he talks about lobotomy as the first major development in the treatment of mental disease since shock therapy. This is certainly such a vile statement considering the earlier damaging years of surgery that ended up injuring and risking plenty of innocent lives and everything else supporting it.

### *Part II: What happened after lobotomies?*

Following the year 1967, no more lobotomies were performed either in Europe or the United States; the practice was finally banned and its execution was completely illegal now. Scientists had already been testing and experimenting with new methods which involved pharmaceuticals. Because of serious political and scientific forces, the pharmaceutical industry was challenged since the 1960s. Major innovations were to be discovered and applied soon.

### *Post-Freeman:*

As opposed to the prior decades where the system of Psychiatric asylums received ill patients, by the 70s there was a huge deinstitutionalization process going on. The reasons for this occurrence are simple and, once again, involve politics. A little earlier in 1963, Kennedy, the American president at the time, requested to replace these institutions with community mental health centres. With these new establishments, the people were assuming that those dealing with persistent disorders would be discharged faster given that the privilege of long-time institutionalization needed did not meet up with the socioeconomic issues happening. As a consequence patients were being expelled after having spent “enough” time in the centres, most of them still suffering from severe untreated illness. The vast majority were rejected by their families and had to consider homelessness. Anyhow, the government did not give much importance to these affairs and the amount of disordered homeless people has been increasing since then.

### *Disease-centred model of drug action:*

Still on the lookout for helpful medicine, around the 1970s the disease-centred model of drug action began to be developed as a medical model of psychotropic drug action and has been worked on ever since that year. The model relies on the fact that drugs can actually cure bodily abnormalities and also work as a solution for the affected diseased people, given that psychiatric drugs function by taking action over a specific disease process. Said paradigm has replaced the early understandings of how drugs perform, because scientists had previously argued that they may provoke mental and physical restrictions. These hypotheses were then proved wrong by the DCMDA and more modern

investigations. The concept that psychiatric medications act by treating the underlying biological problems that cause specific psychiatric symptoms justifies their widespread use. The model has helped researchers to create efficient medication ever since.

#### *New drugs & the implementation of diagnosis:*

The urge for still-dormant psychosurgical treatments was diminished by the simultaneous emergence of efficient pharmaceutical remedies at the time. Owing to the rise of effective pharma, new antidepressants and antipsychotics were integrated into the common market for their open use. Besides, the drug's effects were broadly known so people could be more aware of what they were dealing with. Since then, antidepressants have been designed to function by altering biochemical neural pathways that trigger depression. And, seemingly, the antipsychotic medication developed provoked an effect on the mechanisms responsible for psychosis in our brains. As the mental medical field attracted greater recognition, more information was being identified. Meanwhile, clinical diagnosis was provided as a way to validate and categorise illnesses by many psychiatrists. As stated by doctor Haune H. Maung, (2016), it offers an explanation of a patient's symptoms by specifying the pathology that is causing them. The most prominent types of diagnosis are lab tests and psychological evaluations- both carried away by experts in the area.

#### *Modern psychiatry:*

Only until varied types of medications were introduced did psychosurgery begin to disappear from the medical world and people's minds. Though because we started experimenting with said multiple drugs, the measures implemented now are drastically different from those utilised in the past, treatment nowadays is primarily medical (only consisting of prescriptions). Nevertheless, in very particular cases where professional help and prescribed medication have already failed, therapies and sometimes even a surgical intervention may be needed. To provide those suffering from mental illness only with the best treatment possible, a systematic approach to diagnosis and assessment by doctors is essential. Anything that a professional has to do to treat a person shall be properly evaluated before ever being carried out. In modern psychiatry, alternative strategies of care are always taken into account for the success of the patient.

#### *Conclusion:*

As previously stated, lobotomies were introduced during a period of time in which society considered behavioural disorders as irrational or madness. Likewise, the lack of conventional treatments in addition to the much-needed measure to reduce asylum overcrowding had influence over its irresponsible practices. After approximately seven decades after lobotomizing, professionals of the domain acknowledged the fact that the procedure had to be discontinued forever and viewed that the

pharmaceutical industry had a prosperous future. As of today, lobotomies are believed to have threatened moral standards and provoked deep ethical ramifications that persist to the current day within the psychiatric medical field. Every factor of modern medicine should be evaluated and questioned before its execution.

Correspondingly, the significant shift in public perception of mental illness is something worth noting. Even when lobotomies were successful, mentally ill people were still enduring inhumane treatment from their community and the authorities, who supported the majority of the cruel things done to them. People in general have become far more aware of and sympathetic with those mentally affected, this big viewpoint transition essentially marks the beginning of a new century for mental health.

Today's psychiatry is such a complex field since, in order to intervene in someone's nervous system, doctors need to delve into the unknown and delicate territory that the brain is. Because of the previous discoveries like the drug action models, and eventually the possibility of diagnosis, medicine, specifically the psychological specialty, has progressed and is constantly developing in the pursuit of providing the best care possible. As said before, prescribed medications for the treatment of mental conditions are generally recognized to strengthen the efficacy of psychotherapy. Depending on the patient's situation or illness, different types of mood stabilisers (medication) are indicated. Unlike the past, it is nowadays widely accepted that everyone can receive suitable mental care, regardless of their ethnicity, skin colour, or gender.

After reaching the completion of my thesis, plus having done extensive research on the subject, I strongly believe that lobotomies ought to never be viewed as a viable healthcare solution, and reckon they were a massive medicinal error that has clearly delayed the incorporation of greater treatment methods for the past century. The amount of information concerning psychological disorders available to us today is significantly richer than it was in the previous era and has made it apparent that malign procedures like lobotomies are profoundly unethical. Hopefully, the context has shifted and medicine developed since its last implementations. Specialists have gathered and improved the knowledge passed down from earlier generations over the course of time. Besides, as I already noted, by learning from the former surgical faults professionals have been able to generate superior alternatives accessible to us in the present. Overall, to conclude, the lobotomies performed by Walter Freeman in the middle of the 20th century have been successfully replaced by the discovery of pharmaceuticals destined to treat mental disorders and the expansion of the pharma industry.



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